

Think Aloud Survey

Name:	School:	Date:
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1. Rate your skill at using the *Think Aloud* strategies:

1	2	3	4	5	6	7	8	9	10
Thinking a what				Need more practice				I can do it	

2. How frequently are you using it?

Times per week:

3. In which of the following parts of *Think Aloud* do you need help?

	Choosing a selection
	Analyzing the reading and developing cues to use with the class
	Planning how to link the new knowledge to prior knowledge
	Need to do more demonstrations
	Need to observe another teacher
	Practicing

4. Comments: